JUN 1 6 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA, 22313-1450 on June 14, 2004

Tanya Parker

(Typed or Printed Name of Person Walling Paper or Fee)

(Signature of Person Mailing Paper or Fee)

PATENT APPLICATION Attorney Docket No. SUN-P5390-RJL

AF) 2133.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE	PATENT APPLICATION OF)		
James	E. Kocol) Examiner: Dooley, Matthew C.		
Serial No. 09/854,095) Group Art Unit: 2133		
Filing I	Date: May 11, 2001 APPARATUS METHOD TO FACILITATE SELF-CORRECTING MEMORY	RECEIVED JUN 1 8 2004 Technology Center 2100		
	AMENDMENT TRANS	MITTAL LETTER		
Assista P.O. E	top: AF ant Commissioner for Patents Box 1450 adria, VA 22313-1450			
Sir: In	connection with the above-referenced U. S.	patent application, transmitted herewith		
are the	following papers:			
[x]	Response under 37 C.F.R. § 1.111 to o	official action mailed June 4, 2004.		
[]	A petition for extension of time is also enclosed with a fee of \$55.00 for a one-			
	month extension for a small entity.			
[]	Terminal disclaimer under 37 C.F. R. § 1.321(c), including			
	[] check for \$110.00 fee under 37 C.F	R. § 1.20(d), and		
	[] 2 certificates under 37 C.F.R. § 3.7	3(b).		
[]	Information disclosure statement, form	1449 and references.		

No additional claims fees are required.

[x]

[] An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS							
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE		
Total Claims		MINUS = 20	0	x \$18 =			
Independent Claims		MINUS = 3	0	x \$78 =			
If Amendment adds multiple dependent claims, add \$260.00 Total Amendment Fee							
If small entity status is claimed, subtract 50% of Total Amendment Fee							
TOTAL ADDITIONAL	\$0.00						

[]	A check in the amount of \$	is enclosed.
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[] Charge \$___ to Deposit Account No. ___ (Docket No. ___).

Ву

[x] Please deduct any <u>underpayments</u>, credit any <u>overpayments</u>, and charge all required <u>extension of time fees</u> to Deposit Account Number 50-1003. (Docket No. SUN-P5390).

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Respectfully submitted,

Edward J. Grundler

Registration No. 47,615

Date: June 14, 2004